



Partners
In Health



FIGHTING TUBERCULOSIS

Tuberculosis is the world's deadliest infectious disease.

But, despite its massive fatality rate, TB rarely makes headlines.

Every 20 seconds, somewhere in the world, someone dies of TB.

TB causes about 1.25 million deaths each year—that's more deaths than HIV/AIDS and malaria combined.

What is Tuberculosis?

Many people in wealthy Western countries have no idea what TB is—or consider it a disease of the past, belonging in a history textbook. But the disease that ravaged Europe and North America centuries ago remains a deadly, day-to-day threat in much of the world. Over 80% of TB cases—and fatalities—are in low- and middle-income countries.

Even though a cure exists, TB continues to kill at unparalleled rates. TB is an airborne disease that spreads when infected people cough, talk, or even just breathe. The disease typically attacks the lungs but can affect almost any part of the body. Symptoms can be mild at first and resemble those of other conditions, making TB difficult to detect.

If untreated, TB is often fatal.

Effectively diagnosing, treating, and preventing TB is a social justice issue.

PHOTO: When Fatimata (right) was pregnant, she came to PIH-supported Jojoima Community Health Center in Sierra Leone for malaria treatment. While at the clinic, she lost the ability to move her legs and was diagnosed with extrapulmonary TB affecting her spine. The medical team started treating Fatimata's TB and later performed a cesarean section for the safe delivery of her baby. Today, Fatimata is able to walk again and enjoys life with Bintu, her thriving 6-month-old girl. *Photo by Chiara Herold for PIH*

PIH's Fight Against TB

Partners In Health (PIH) has battled TB for more than two decades by searching for, treating, and preventing TB—including its more severe, drug-resistant variants, and co-infections of HIV and TB—in some of the world's poorest and most vulnerable communities.

Our community-based approach to care has resulted in some of the highest cure rates and lowest treatment default rates ever recorded.

PIH is a TB leader in nine countries, with a proven track record and substantial service footprint in underserved and hard to reach areas. In 2024 alone, PIH-supported facilities conducted over 34,600 tests to screen people with suspected TB, initiated TB treatment for more than 3,500 people, and celebrated 2,400 patients successfully completing treatment.



PIH provides TB care in 9 countries:

Haiti, Kazakhstan, Lesotho, Liberia, Malawi, Mexico, Peru, Rwanda, and Sierra Leone

A New Chapter for Lakka Government Hospital

Through the partnership between the Ministry of Health (MOH) and PIH, **Lakka Government Hospital in Freetown has been transformed from an under-resourced facility to a leading light in Sierra Leone's fight against TB.**

Lakka is entering a new phase of infrastructure improvements, including two new consultation rooms, a procedure room, nursing station, and staff bathroom. Nearby, there's a spacious and well-ventilated waiting area for patients and a renovated pharmacy and storage area.

To secure 24/7 access to electricity to power GeneXpert machines, oxygen, and other essential hospital systems, PIH provides fuel for Lakka's generators. As a long-term solution, the MOH has selected Lakka as one of 11 hospitals in Sierra Leone to benefit from a solar project. Once the solar infrastructure is up and running, PIH can redirect resources spent on generator fuel into other critical areas of care.

The approach to care at Lakka places a strong emphasis on the overall well-being of patients. Staff conduct thorough assessments to identify any psychosocial needs, such as mental health counseling, and determine the best approach to support each patient. **At Lakka, PIH is prioritizing holistic and patient-centered care by creating a vibrant and welcoming space.**



TB/HIV Program Manager Dr. Girum Tefera (right) speaks with Mohamed S. Bah, a patient with multidrug-resistant tuberculosis, at Lakka Government Hospital in Freetown, Sierra Leone. *Photo by Chiara Herold for PIH*

GIFTS THAT SAVE LIVES

\$3

One X-ray screening for an adult or child to help diagnose TB

\$10

One lab test to help diagnose TB

\$40

One month of food support for a person with TB

\$150

A four-month course of treatment for a person with TB

\$500

A six-month course of treatment for a person with drug-resistant TB

Innovative Solutions to Care Delivery



Since 2017, 880 patients have been enrolled in the MDR-TB treatment program at Lakka Government Hospital in **Sierra Leone**, with a treatment success rate of 75%— far above the global average of 59%.



In **Kazakhstan's** capital of Almaty, PIH and the national health department have collaborated on clinical trials for more than 100 MDR-TB patients, as part of the world's largest TB drug trial.



In **Lesotho's** capital of Maseru, PIH-supported Botšabelo Hospital is the only MDR-TB treatment facility in the country, and the hub of a national TB outreach, education, and care program.



In **Peru**, innovations including TB Movil, a mobile TB clinic on wheels, help PIH teams reach people in neighborhoods in and around Lima for TB screening, testing, and support.



Photo by Caitlin Kleiboer for PIH

Making Quality Care Accessible

The suspension of U.S. aid in January 2025 has been especially devastating for TB prevention and care. If this funding is not restored, an estimated 2.2 million more people will die from TB by 2030 because of these cuts due to lack of access to services. **But despite the upheaval in the global funding landscape, TB remains a solvable problem.** TB has treatments and even a cure—though the path to a full recovery is challenging.

TB requires at least four months of treatment, and can take even longer to treat. The standard regimen includes five drugs, which must be taken together each day. These drugs come with an array of challenging side effects.

TB's airborne nature, common symptoms, and long, arduous treatment regimen make it especially lethal in the places where it is most prevalent: impoverished countries with weak health systems.

Building on our early leadership in tackling a TB outbreak in Carabayllo, Peru, **PIH has become a global leader in TB science, program design, and implementation, shaping global and national guidelines and operating specialized care facilities.** In the 1990s, PIH cured 75 multidrug-resistant (MDR-TB) patients in Peru, inspiring the World Health Organization (WHO) to revise its protocols and recommendations for the treatment of the disease in impoverished settings.

Diagnosis relies on chest X-rays, skin tests, and blood tests, as well as sputum samples. But after diagnosis, the drugs used to treat TB (especially drug-resistant TB) are often expensive and difficult to access in the countries where they are most needed.

PIH and passionate activists around the world have had success pressuring pharmaceutical companies to lower costs and dramatically expand access to lifesaving treatments.

Working to end TB

Historically, TB treatments lasted up to two years and included painful daily injections and drugs with often devastating side effects. **The endTB project is working to dramatically improve treatment of MDR-TB** through clinical trials of new drugs and shorter treatment regimens that involve only oral medicine and no daily injections. PIH works in the endTB partnership with Médecins Sans Frontières (Doctors Without Borders), Interactive Research and Development, and financial partner Unitaid.

The group has brought two new drugs—bedaquiline and delamanid—to 17 countries with significant burdens of MDR-TB. These include Kazakhstan, Lesotho, and Peru, where PIH has a strong presence.

The endTB project has provided these new drugs to a multi-country group of 2,600 patients and is implementing clinical trials to identify shorter, less toxic treatment regimens. By proving these treatments work, we hope to dramatically expand access to these new drugs and treatment regimens globally, improving the quality of life for countless patients.



After more than two years of intensive inpatient and outpatient care from Lakka Government Hospital in Sierra Leone, Saio, a 29-year-old widow, was cured of MDR-TB and reunited with her children.

PIH does whatever it takes to make patients well.

Sometimes social support includes money for school fees or food to bring home. When Saio struggled to find housing after her seven-month hospital stay, PIH stepped in to help by providing a free, short-term apartment. In Saio's words, "when I came, the nurses, the doctors, and PIH took care of me. [They] talked to me, advised me, and made me take my medicine." *Portrait of Saio by Caitlin Kleiboer for PIH*